

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete If Known

Application Number	10/658,446
Filing Date	September 8, 2003
First Named Inventor	Michael J. Sullivan
Examiner Name	Alvin A. Hunter
Art Unit	3711
Attorney Docket No.	B03-58

TOTAL AMOUNT OF PAYMENT (\$ 120.00

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	×	50
				= 0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	×	200
				= 0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	×	250	=

4. OTHER FEES

Extension for response within first month	Fee Paid (\$)
\$120	120

SUBMITTED BY

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date	18 Sept 06